

 <div style="text-align: center;"> <b>Environmental Protection Agency</b>          United States          Washington, DC 20460       </div>	<input checked="" type="checkbox"/> <b>Registration</b> <input type="checkbox"/> <b>Amendment</b> <input type="checkbox"/> <b>Other</b>	OPP Identifier Number
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**Application for Pesticide – Section I**

<b>1. Company/Product Number</b> 87373-	<b>2. EPA Product Manager</b> E. Kraft	<b>3. Proposed Classification</b> <input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <b>Restricted</b>
<b>4. Company/Product (Name)</b> Argite, LLC/ARG Sulfosulfuron Technical	<b>PM#</b> 24	
<b>5. Name and Address of Applicant (include ZIP Code)</b> Argite, LLC c/o Pyxis Regulatory Consulting Inc. 4110 136 <sup>th</sup> St. Ct. NW Gig Harbor, WA 98332		<b>6. Expedited Review.</b> In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: <b>EPA Reg. No.</b> 524-499 <b>Product Name</b> MON 37500 Technical

**Section - II**

<input type="checkbox"/> <b>Amendment – Explain below.</b>  <input type="checkbox"/> <b>Resubmission in response to Agency letter dated</b> _____  <input type="checkbox"/> <b>Notification – Explain below.</b>	<input type="checkbox"/> <b>Final printed labels in response to</b> _____ <b>Agency letter dated</b> _____ <input checked="" type="checkbox"/> <b>“Me Too” Application.</b>  <input type="checkbox"/> <b>Other – Explain below.</b>
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**Explanation:** Use additional page(s) if necessary. (For Section I and Section II.)

Application for new pesticide registration. This action falls under PRIA category R334.

**Section - III**

<b>1. Material This Product Will Be Packaged In:</b>					
<b>Child-Resistant Packaging</b> <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>	<b>Unit Packaging</b> <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>	<b>Water Soluble Packaging</b> <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>	<b>2. Type of Container</b> <input type="checkbox"/> <b>Metal</b> <input type="checkbox"/> <b>Plastic</b> <input type="checkbox"/> <b>Glass</b> <input type="checkbox"/> <b>Paper</b> <input checked="" type="checkbox"/> <b>Other (Specify)</b> PE lined fiberboard or HDPE drums, paper or plastic bags, supersacks		
<b>* Certification must be submitted</b>		If “Yes” Unit Packaging wgt. _____ No. per container _____	If “Yes” Package wgt. _____ No. per container _____		
<b>3. Location of Net Contents Information</b> <input checked="" type="checkbox"/> <b>Label</b> <input type="checkbox"/> <b>Container</b>		<b>4. Size(s) Retail Container</b> 55.12 lbs; bulk		<b>5. Location of Label Directions</b> <input checked="" type="checkbox"/> <b>On Label</b> <input type="checkbox"/> <b>On Labeling accompanying product</b>	
<b>6. Manner in Which Label is Affixed to Product</b> <input type="checkbox"/> <b>Lithograph</b> <input type="checkbox"/> <b>Other</b> _____ <input checked="" type="checkbox"/> <b>Paper glued</b> <input type="checkbox"/> <b>Stenciled</b>					

**Section - IV**

<b>1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)</b>		
<b>Name</b> Ann M. Tillman	<b>Title</b> Agent	<b>Telephone No. (Include Area Code)</b> (253) 853-7369
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		<b>6. Date Application Received</b> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">(Stamped)</div>
<b>2. Signature</b> 	<b>3. Title</b> Agent	
<b>4. Typed Name</b> Ann M. Tillman	<b>5. Date</b> May. 08, 2019	